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BSP UK CLINICAL PRACTICE GUIDELINES FOR THE TREATMENT OF PERIODONTAL DISEASES

ORAL HEALTH AND RISK ASSESSMENT, DIAGNOSIS & CARE PLAN

Diagnosis

- Periodontal Health ⇔ Gingivitis
- Periodontitis

Extract teeth with hopeless prognosis or unsavable teeth – eg grade III mobile

STEP 1

Building foundations for optimal treatment outcomes

- I: Explain disease, risk factors & treatment alternatives, risks & benefits including no treatment
- II: Explain importance of Oral Hygiene (OH), encourage and support behaviour change for OH improvement
- III: Reduce risk factors including removal of plaque retentive features, smoking cessation and diabetes control interventions
- IV: Provide individually tailored OH advice including interdental cleaning, + / - adjunctive efficacious toothpaste & mouthwash, + /- Professional Mechanical Plaque Removal (PMPR) including supra and subgingival scaling of the clinical crown
- V: Select recall period following published guidance and considering risk factors such as smoking and diabetes
- VI: Oral Health Educator (I, II), Hygienist, Therapist (I – IV), Dentist, Practitioner accredited for Level 2 and 3 care (I – V)

Re-evaluate

- Non-engaging patient – return to STEP 1 & repeat
- Engaging patient – move to STEP 2 → Consider referral

STEP 2 > (see over)

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Periodontitis (continued)

STEP 2

Subgingival Instrumentation (root surface debridement / PMPR on root)

I: Reinforce OH, risk factor control, behaviour change

II: Subgingival instrumentation, hand or powered (sonic / ultrasonic), either alone or in combination

III: Use of adjunctive systemic antimicrobials determined by Practitioner accredited for Level 2 and 3 care

Re-evaluate after 3 months

Unstable → STEP 3

Stable → STEP 4

STEP 3

Managing non-responding sites:

I: Reinforce OH, risk factor control, behaviour change

II: Moderate (4–5mm) residual pockets – re-perform subgingival instrumentation

III: Deep residual pocketing (≥6mm). Consider alternative causes

IV. Consider referral for pocket management or regenerative surgery

V: If referral not possible, re-perform subgingival instrumentation (If all sites stable after STEP 3 proceed to STEP 4)

STEP 4

Maintenance

I: Supportive periodontal care strongly encouraged

II: Reinforce OH, risk factor control, behaviour change

III: Regular targeted PMPR as required to limit tooth loss

IV: Consider evidence based adjunctive efficacious toothpaste and / or mouthwash to control gingival inflammation

Maintenance recall (STEP 4) – individually tailored intervals from 3-12 months

BSP top tips

I: Patients should be made aware that regular effective self-performed plaque removal offers the largest treatment benefit – engage the patient in a verbal contract to perform daily plaque control

II: Toothbrushing should be supplemented by the use of interdental brushes (where anatomically possible)

III: Individual patient's abilities, needs, preferences and manual dexterity should be considered when selecting toothbrush & interdental brush

IV: Refer to BSP website for further clarification and glossary of terms

Defining engaging & non-engaging patients (this is a guide)

Engaging

I: Favourable improvement in OH – indicated by ≥50% improvement in plaque and marginal bleeding scores OR

II. Plaque levels ≤20% & bleeding levels ≤30% OR

III. Patient has met targets outlined in their personal self-care plan as determined by their healthcare practitioner

Non-engaging

I: Insufficient improvement in OH – indicated by <50% improvement in plaque and marginal bleeding scores OR

II. Plaque levels >20% & bleeding levels >30% OR

III. Patient states preference to a palliative approach to periodontal care